## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006209

Entity Name: L'PAVIA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

530 S 41 BYPASS 3380 RUSTIC ROAD 18B NOKOMIS, FL 34275

VENICE, FL 34292

Current Mailing Address: New Mailing Address:

BRICKYARD PL MANAGEMENT SERVICES 530 S TAMIAMI BRL 18 B PO BOX 595 VENICE, FL 34292 VENICE, FL 34284

FEI Number: 03-0394373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'GRADY, CYNTHIA
BRICKYARD PLAZA SUITE 18B
530 S TAMIAMI TRAIL
VENICE, FL 34292 US
O'GRADY, CYNTHIA
3380 RUSTIC ROAD
NOKOMIS, FL 34275 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CYNTHIA OGRADY 04/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD ( ) Delete Title: VPD (X) Change ( ) Addition Name: MUECKE, DONALD Name: MUECKE, DONALD

Address: 9102 L'PAVIA BLVD
City-St-Zip: VENICE, FL 34292

Name: MoLCKE, BORNED
Address: 9102 L'PAVIA BLVD
City-St-Zip: VENICE, FL 34292

Title: VP ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 STONEHOUSE, RITA
 Name:
 HAGAN, JOAN

 Address:
 9203 L'PAVIA BLVD
 Address:
 9203 L'PAVIA BLVD

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 VENICE, FL 34292

Title: TD ( ) Delete Title: PD (X) Change ( ) Addition Name: CAPONE, BARBARA Name: ANTANELLIS, JOSEPH

 Address:
 7103 L'PAVIA BLVD
 Address:
 PO BOX 595

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 VENICE, FL 34284

Title: D ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ALT, VERNA
 Name:
 ALT, VERNA

 Address:
 8103 L/PAVIA BLVD
 Address:
 8103 L/PAVIA BLVD

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ANTANELLI PD 04/17/2009